

## "EXPRESS MAIL CERTIFICATE"

EXPRESS MAIL MAILING LABEL NUMBER **EV332944781US** DATE OF DEPOSIT: **September 3, 2003**

I hereby certify that this paper or fee and the papers indicated as being transmitted herewith are being deposited with the United States Postal Service Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date and with the Mailing Label Number indicated above and addressed to:

COMMISSIONER FOR PATENTS, MAIL STOP: PATENT APPLICATION, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450.

NAME OF PERSON MAILING PAPER OR FEE

(TYPE OR PRINT) **STEVEN OLSZEWSKI**

SIGNATURE

*Steven Olszewski*22278 U.S. PTO  
10/65427  
09/03/03

<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents.</i>		<b>7. <input checked="" type="checkbox"/></b> The Title of the Invention: <b>VACCINES</b>
<b>1. <input checked="" type="checkbox"/></b> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. <b>19-2570</b> <b><input checked="" type="checkbox"/></b> General Authorization to charge any and all fees under 37 CFR 1.16 or 1.17, including petitions for extensions of time, relating to this application. (37 CFR 1.136(a)(3)) <i>(Submit an original, and a duplicate for fee processing)</i>	<b>8. <input type="checkbox"/></b> Nucleotide and/or Amino Acid Sequence Submission a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies d. <input type="checkbox"/> Use the identical computer-readable form filed in Application No. _____, filed _____ as the computer-readable form for the instant application. (37 CFR 1.821(e))	
<b>2. <input checked="" type="checkbox"/></b> The total fee is calculated as shown below: Basic Filing fee \$750.00 Total Claims 10 - 20 = 0 x \$18 \$ 0.00 Independent Claims 2 - 3 = 0 x \$84 \$ 0.00 <input type="checkbox"/> Multiple Dependent Claim present. \$280 <b>TOTAL FILING FEE \$750.00</b> <b><input checked="" type="checkbox"/></b> Cancel in this application original claims <u>1</u> to <u>13</u> of the prior application before calculating the filing fee. <b><input checked="" type="checkbox"/></b> Charge <b>\$750.00</b> to the above indicated Deposit Account.	<b>9. <input type="checkbox"/></b> <b>ACCOMPANYING APPLICATION PARTS</b> a. <input type="checkbox"/> Information Disclosure Statement (IDS) b. <input type="checkbox"/> PTO-1449 c. <input type="checkbox"/> Copies of all IDS Citations <b>10. <input type="checkbox"/></b> Assignment Papers (cover sheet & document(s)) <b>11. <input checked="" type="checkbox"/></b> Prior Application is Assigned to: <b>SmithKline Beecham Biologicals S.A.</b> <i>(for continuation/divisional with Box 17a completed)</i>	
<b>3a. <input checked="" type="checkbox"/></b> Specification excluding Drawings [Total Pages] <u>20</u> <b>3b. <input checked="" type="checkbox"/></b> Abstract on a separate sheet [Total Pages] <u>1</u>	<b>12. <input checked="" type="checkbox"/></b> Preliminary Amendment [Total Pages] <u>5</u>	
<b>4. <input checked="" type="checkbox"/></b> Drawing(s) (35 USC 113) [Total Sheets] <u>7</u>	<b>13. <input checked="" type="checkbox"/></b> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
<b>5. <input checked="" type="checkbox"/></b> Declaration and Power of Attorney [Total Pages] <u>3</u> a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17a completed)</i> c. <input type="checkbox"/> Unsigned Declaration [Note Box 6 below] i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	<b>14. <input type="checkbox"/></b> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> <b>15. <input checked="" type="checkbox"/></b> Transfer all references cited by Applicants or by the Examiner from the parent Application Serial No. <b>09/513,255</b> filed <b>February 24, 2000</b> . A PTO-1449 listing the references is enclosed. <b>16. <input type="checkbox"/></b> Other: _____	
<b>6. <input checked="" type="checkbox"/></b> Incorporation By Reference <i>(useable if Box 5b is checked)</i> The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		

<b>17. <input checked="" type="checkbox"/></b> Priority Information, check appropriate box and supply the requisite information
a. The accompanying application is a <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: <b>09/513,255</b> filed <b>February 24, 2000</b> .
b. <input type="checkbox"/> Benefit is claimed under Title 35, United States Code, Section 119(e) of the following Provisional Applications: Application No. _____ filed _____
c. <b>** Add claim to priority via Preliminary Amendment.</b>

Correspondence Address: <b>GLAXOSMITHKLINE</b> Corporate Intellectual Property - UW2220 P.O. Box 1539 King of Prussia, PA 19406-0939 Telephone (610) 270-6316 Fax (610) 270-5090	Signature Name <i>Kathryn L. Sieburth</i> <b>Kathryn L. Sieburth</b> Registration No. 40,072
---	---

20462

PATENT TRADEMARK OFFICE

**FOR THE PURPOSES OF INFORMATION ONLY**

Codes used to identify States party to the PCT on the front pages of pamphlets publishing international applications under the PCT.

AT	Austria	GB	United Kingdom	MR	Mauritania
AU	Australia	GE	Georgia	MW	Malawi
BB	Barbados	GN	Guinea	NE	Niger
BE	Belgium	GR	Greece	NL	Netherlands
BF	Burkina Faso	HU	Hungary	NO	Norway
BG	Bulgaria	IE	Ireland	NZ	New Zealand
BJ	Benin	IT	Italy	PL	Poland
BR	Brazil	JP	Japan	PT	Portugal
BY	Belarus	KE	Kenya	RO	Romania
CA	Canada	KG	Kyrgyzstan	RU	Russian Federation
CF	Central African Republic	KP	Democratic People's Republic of Korea	SD	Sudan
CG	Congo	KR	Republic of Korea	SE	Sweden
CH	Switzerland	KZ	Kazakhstan	SI	Slovenia
CI	Côte d'Ivoire	LI	Liechtenstein	SK	Slovakia
CM	Cameroon	LK	Sri Lanka	SN	Senegal
CN	China	LU	Luxembourg	TD	Chad
CS	Czechoslovakia	LV	Latvia	TG	Togo
CZ	Czech Republic	MC	Monaco	TJ	Tajikistan
DE	Germany	MD	Republic of Moldova	TT	Trinidad and Tobago
DK	Denmark	MG	Madagascar	UA	Ukraine
ES	Spain	ML	Mali	US	United States of America
FI	Finland	MN	Mongolia	UZ	Uzbekistan
FR	France			VN	Viet Nam
GA	Gabon				